

# 3-70 25 PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
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or Fax

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22922 7590 12/30/2004

**REINHART BOERNER VAN DEUREN S.C.**  
**ATTN: LINDA GABRIEL, DOCKET COORDINATOR**  
**1000 NORTH WATER STREET**  
**SUITE 2100**  
**MILWAUKEE, WI 53202**

**Express Mail**  
**No. EV 531798615 US**

03/31/2005 WABDEL3 00000073 180882 09788308

01 FC:1501 1400.00 DA  
02 FC:1501 300.00 DA

## **Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for ~~first class~~ mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Rodney D. DeKruif** (Depositor's name)

*Rodney D. DeKruif* (Signature)

**March 29, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/788,308	02/16/2001	Annelise E. Barron	6374	7049

TITLE OF INVENTION: POLYPEPTOID PULMONARY SURFACTANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHNIZER, HOLLY G	1653	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Reinhart Boerner Van**  
2 **Deuren s.c.**  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEES  
**Northwestern University**  
**Chiron Corporation**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
**Evanston, IL**  
**Emeryville, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

## 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **18-0882** (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

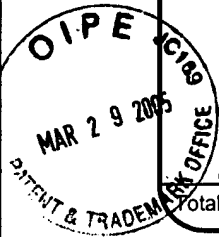
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Rodney D. DeKruif*  
Typed or printed name **Rodney D. DeKruif**

Date **March 29, 2005**  
Registration No. **35,853**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	09/788,308
	Filing Date	February 16, 2001
	First Named Inventor	Annelise E. BARRON
	Art Unit	1653
	Examiner Name	Holly G. Schnizer
	Attorney Docket Number	6374

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard Transmittal of Payment of Issue Fee USPTO Fee(s) Transmittal
<b>Remarks</b> Authorization is hereby given to charge or credit Deposit Account No. <u>18-0882</u> for any fee deficiency or overpayment. <div style="text-align: right;">             Rodney D. DeKruif         </div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Reinhart Boerner Van Deuren s.c.		
Signature			
Printed Name	Rodney D. DeKruif		
Date	March 29, 2005	Reg. No.	35,853

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail No. EV 531798615 US in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Signature			
Typed or printed name	Rodney D. DeKruif	Date	March 29, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,700.00

## Complete if Known

Application Number	09/788,308
Filing Date	February 16, 2001
First Named Inventor	Annelise E. BARRON
Examiner Name	Holly G. Schnizer
Art Unit	1653
Attorney Docket No.	6374

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 18-0882 Deposit Account Name: Reinhart Boerner Van Deuren s.c.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments; charge any deficiency

Under 37 CFR 1.16 and 1.17, except for the issue fee

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

**Total Claims****Extra Claims****Fee(\$)****Fee Paid (\$)****Multiple Dependent Claims**

\_\_\_\_\_ -20 or HP=

x

=

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee(\$)****Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP=

x

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Issue fee (and publication fee)

Fees Paid (\$)

1,700.00

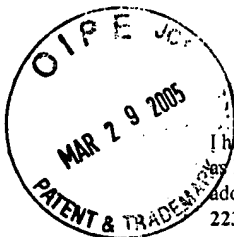
**SUBMITTED BY**

Signature	<i>Rodney D. DeKruif</i>	Registration No. (Attorney/Agent)	35,853	Telephone	414-298-8360
Name (Print/Type)	Rodney D. DeKruif	Date	March 29, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MW/1183471RDD:NAM



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## PATENT APPLICATION

By: Rodney D. DeKruif  
Rodney D. DeKruif  
Date: March 29, 2005

Attorney's Docket No. 6374

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Annelise E. BARRON

Serial No: 09/788,308

Group No.: 1653

Filed: February 16, 2001

Confirmation No. 7049

Examiner Name: Holly G. Schnizer

For: POLYPEPTOID PULMONARY SURFACTANTS

Allowed: **December 30, 2004**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 CFR 1.18(a) and (b))

Application status is:

☐ small business entity- fee

Regular

\$ 700.00

Design

☐ \$235.00

☒ other than a small entity - fee

\$1,400.00

☐ \$470.00

☐ publication fee

\$ 300.00

3. Payment of fee

☐ Enclosed please find a check in the amount of \$ \_\_\_\_\_

☒ Charge Account 18-0882 for any fee deficiency.

☒ Charge Account 18-0882 the sum of \$ 1,700.00.

A duplicate of this request is attached.

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Reg. No.: 35,853  
Tel. No.: (414) 298-8360

Rodney D. DeKruif  
Rodney D. DeKruif  
Reinhart Boerner Van Deuren s.c.  
Attn: Linda Gabriel-Kasulke, Docket Clerk  
1000 North Water Street, Suite 2100  
Milwaukee, WI 53202